

Lunula Laser Treatment for Nail Fungus Patient Information Sheet & Consent

We are pleased to offer treatment for nail fungus using the **Lunula Laser®**, an FDA-cleared, non-invasive therapy designed specifically to address onychomycosis safely and effectively.

What is the Lunula Laser?

The Lunula Laser® is a low-level (cold) laser therapy that uses dual wavelengths of light to:

- Disrupt and inhibit fungal growth within the nail
- Improve circulation in the treated area
- Promote the growth of healthier, clearer nails over time

Unlike traditional laser treatments, the Lunula Laser does **not generate heat**, making the procedure painless and comfortable.

Treatment Overview

- The procedure is **non-invasive, painless, and requires no downtime**
- Each session lasts approximately **12 minutes per foot**
- You may resume normal activities immediately after treatment

Treatment Plan

- A series of **4 sessions** is recommended for optimal results
- Sessions are typically scheduled once a week over four weeks
- Additional treatments may be necessary based on the patient's response and clinical progress; this will be determined at the 3 month follow up.

Cost

- **\$400 per session**
- Total cost for the full treatment plan: **\$1,600 (4 sessions)**
- Any follow up treatments needed are \$400 per session.
- Payment is due at the time of service.

Results & Expectations

- The Lunula Laser works by improving nail health as the nail grows out
- Visible improvement may take **3–6 months or longer**, depending on nail growth rate
- Outcomes vary based on severity of infection and individual response

Aftercare & Maintenance

To enhance results and reduce recurrence, patients may be advised to:

- Use topical antifungal treatments as directed (provided at first treatment for \$85)
- Keep feet clean and dry
- Avoid walking barefoot in public areas

Consent & Acknowledgment

By signing below, I acknowledge that:

- I have been informed about the Lunula Laser treatment and how it works
- I understand the recommended treatment plan of 4 sessions
- I understand the cost of treatment and payment expectations
- I understand that results may vary and are not guaranteed
- I have had the opportunity to ask questions and all of my questions have been answered

Patient Name: _____

Signature: _____ **Date:** _____